

Expert: Mr Martin Graves Esq.	Instructed By: [REDACTED] Assistant Solicitor to the Sheku Bayoh Inquiry	Date: 19 th August 2024
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Instructing:

Sheku Bayoh Inquiry

Subject Matter:

Expert Review


Police Training in relation to Personal Safety - Police Scotland

**REPORT FROM
MR MARTIN
GRAVES**

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1. Instructions

- a. The Inquiry's terms of reference require it to establish: -
- any defects in the training which **contributed** to the death
 - and to make recommendations; covering improvements to the training, which might realistically prevent other deaths in similar circumstances
- I have taken these into consideration whilst addressing my more specific instructions in relation to the training to assist the chair and inquiry team in drafting their recommendations and findings.
- b. My specific instructions were to review the documentation and arrive at my conclusions. Specifically, I have focused on defects and inaccuracies in the training and supporting documentation. I have broken my review down into the following areas: -
- The OST training programme at the relevant time (3rd May 2015)
 - Any defects in that training by way of content, delivery, policy, supervision or monitoring, specifically in relation to the points raised in my instructions
 - Any inconsistencies or differences between the training being provided in Scotland the rest of the UK at that time
 - The OST training programme currently being delivered by Police Scotland
 - Any defects in that training by way of content, delivery, policy, supervision or monitoring
 - Any inconsistencies or differences between the training being provided in Scotland and the rest of the UK
 - How any such defects or inconsistencies might have affected the performance of a hypothetical reasonable officer
- c. Where I have found reason to comment based on the above criteria and to support my additional opinions and summary at sections 4, 5 and 6 below, I have provided references to the document and location within. These highlight defects or inaccuracies in the training material or where policies and procedures do not follow recognised best practice or the standards of training delivered elsewhere across the UK. I have highlighted the reasons for my comments/observations where appropriate. If a specific document is not listed then I have reviewed it and found no reason to comment upon it based on my instructions in this matter (*also see Comments, Observations and Opinions and Specific Questions section and Summary below*).
- d. I have also had three meetings with the Inquiry team. One on 20th November 2023 via Teams and two in person on 26th March and 2nd August 2024, where these matters have been discussed. From these meetings I have completed this report from my initial draft comments.

Please see appendix A for detailed letter of instruction.


2. List of reviewed Documents

Please see Appendix B for list of documents provided between 23rd September 2023 and 1st August 2024 via Objective Connect online portal.

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3. Comments, Observations and Opinions

- a. Any OST programme must contain the following elements for it to be fit for purpose: -
1. An agreed and documented content
 2. A methodology for delivery with set competencies to measure against
 3. A recognised level of trainer competence to deliver the programme
 4. A process of check testing and developing the trainers
 5. A method of monitoring delivery
 6. Systems to review and develop the programme with access to independent sources of information and expertise
 7. Someone responsible for oversight, both day to day and strategically
- I have covered each of these points in relation to what was happening in 2015 and then later in section 4 what is currently in place.
- b. The only apparent agreed programme in place in 2015 was that of the student officer package being delivered centrally. Although this was seen as the main package, the Inquiry has heard evidence from Inspector Young and others, that this was not the case and some legacy programme content was still being delivered across the force area (*see National OST Review and Evaluation April 2015 – ‘2015 OST review report’ ref PS11533*).
- c. Neither the 2015 lesson plans reviewed (*see below*) nor the 2013 Officer Safety Training Student Manual (‘2013 OST Manual’) (*PS10938*), contain any actual competencies for the physical skills.
- d. I have been unable to find any form of documented knowledge check to show that a student had absorbed and understood what they were taught.
- e. The first and major point to raise with the 2013 OST Manual, is in relation to the layout and emphasis in Module 1. Firstly, the model that everything should hang from or support, the National Decision Model (NDM) is at the end of the module, it does not appear until page 18. The layout of information in this section does not flow in a logical manner. Below I have set out a number of issues I have with this section: -
- Module 1, Section 1 at page 2, Learning Outcome bullet point 2 - This is misleading as a risk assessment is carried out before force might be used. This could lead an officer to believe that force is applied prior to consideration as to its proportionality or suitability in the circumstances.
 - Module 1, Section 2 at page 3, then starts with human rights and use of force. Under the NDM these are considerations in the third phase after gathering information and assessing the situation.
 - Then Module 1, Section 4 at page 6 is Tactical Communication, which is a tactical option and therefore part of the fifth phase ‘Take Action and Review’ but is shown before assessing risk, the second phase.
 - Module 1, Section 3 at page 5 has no mention of any force used needing to be justifiable in the circumstances as the officer ‘believed them to be, not just appropriate to the resistance exhibited (*see my example below*). This is mentioned under preclusion but only in relation to consideration of a tactical option that has been ruled out by the officer. Taking ECHR and Scottish powers into consideration if an officer used force that they deemed necessary based on that belief but it was found to be mistaken would that make the force excessive or inappropriate under the circumstances as they believed them to be? The circumstances of a situation

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can have a massive bearing on decision making and what force an officer might apply based on those circumstances. An example might be where an officer believes, based on the information they have at that time, that a person may be armed. They use substantial force to subdue the person but find that they are not [armed?].


- Module 1, Section 5 at page 9 under Threat Assessment the definition of ‘conflict’ states that a conflict can be described as “A trial of strength between opposed parties or principles or be at odds with”. I would question the use of this definition as in my opinion it points officers to accept that conflict is likely to become a physical act or battle. I accept that conflict is inevitable but most situations, when dealt with well, end in no physical force being used.
 - Module 1, Section 9 at page 15. There is no correlation between profiled offender behaviour and what the reasonable officer response might be to each level. It does not indicate that the 5 levels of reasonable officer response options start before subject behaviour, therefore there is a reaction by the subject to each level applied. How does or should an officer quantify these levels? The way they are presented they are just a list with little or no practical application or reference. An example of guidance might be “if you do X and the subject responds with Y what might you now consider”?
 - Module 1, Section 10, at page 16 the Paradigm of Conflict and continuum is complex and not easy to follow with minimal supporting information. Page 17 shows the Conflict Resolution Model (CRM). The use of this was discontinued in England prior to 2002 when it was replaced by the Conflict Management Model (CMM) (*see item P*) and in 2012 by the NDM. The use of force continuums has not formed part of OST in England for many years. It can lead to a rigid approach to the use of force and when an officer steps outside of the guided levels can lead to unwarranted questions around their actions. This particular representation is complicated and unclear in how it relates to the previous sections. Whilst the CRM does show the correlation between the three components it does not provide a methodical process to assess a situation like the CMM or NDM does.
 - Module 1, Section 10 at page 18 stage 1 of the NDM, Gather information and Intelligence. This is about more than just the subject. There is minimal information on sources where this can be found. Or how it might apply to the situation. This needs to be expanded to include other sources of information and intelligence and the importance of using their senses. It should also be put into context with the rest of the manual content.
 - Page 19 contains stage 2 of the NDM, Assess Threat and Risk. There is little information on HOW to actually do this here. Most of the information on risk assessment is much earlier in the module (*see page 9 & 10 of the 2013 OST Manual*). This again goes to support my comment re the structure of this manual not following a logical path.
- f. There is a theme across most of the lesson plans (*LP's*) that were in force at the relevant time of the incident. They are generic in nature and as such open to interpretation by different trainers. This leaves a lot of the delivery to the trainers’ own knowledge base and does not support a corporate delivery process. Examples within the lesson plans of this and other defects are as follows: -
- PS11464 & PS13126 - Holds & Restraints (LP) Fastraps LP All pre May 2015 - No trainer activity section just learner activity. LP’s should include a section where the specific actions required by the trainer should be highlighted. For example, ‘demonstrate high baton strike’ or discuss the following points, with a provided list.

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No list of specific facts or information to be provided to the learner. Trainers should be provided with detailed lists of questions or points to raise during the lesson. Without these things can be forgotten or lost in translation. There are no Manual references to assist trainers/learners reference support information or so quality assurance can be carried out showing where learning has taken place. References as to where the information being relied upon can be found. This points both the learner and trainer to the source of the relevant information. This is also used during QA processes to ensure all learning is being passed on and obtained.

- PS11463 - Ground Defence LP pre May 2015 – There is no learning outcome listed to cover Medical implications. This should be an integral part of ALL lesson plans where force may be used. There is mention of some medical implications in the body of the lesson notes but this is scant and easily missed. It should be prominent and integral to the objectives of all the lessons in OST.
- g. The 2012 Officer Safety Training Instructors Manual (*PS12330*) in most aspects, mirrors the 2013 OST Manual, especially Module 1. It has little or no differences or additions to enhance trainers’ knowledge or aid in delivery/understanding. In some areas the information has been slimmed down. There are some trainer related comments and suggestions on pages 5, 11, 31 and 52 but nothing else.
- h. As this document was produced in 2012 it precedes the student manual and formation of Police Scotland (*PSOS*). *PSOS* was not formed until April 2013. This document has a comment at the top of page 254 stating ‘refer to your own force policy’. This would indicate it is a training school document produced and held centrally from the police college at Tulliallan (*See Alan Gibson’s statement Ref SBPI-00399 para 23*)
- i. Module 2 of this manual is more trainer focused and is titled ‘Presentation, Feedback and Assessor Skills’. This is however only one page (see page 49) and appears to be in relation to the trainers and not the actual students. Under the Introduction it mentions trainers will be provided with separate learning materials. I have not found these in my bundle but I would suggest that these would be around the process of assessing students and not the actual competencies for each technique. The aim shows that trainers should be assessed against the ‘National Behaviour Competency Framework’. I have not seen this document to comment. The manual does contain additional information and content to support the trainer’s delivery. Unfortunately, it is so heavily redacted that I am unable to establish if there are any actual competencies for the students to achieve. There is some supporting information on this in the Design Specification for Officer Safety Training Instructors Course 17/10/2012 PS 12341 (*see section 4 page 8 and 6.10 page 18 and appendix C*).
- j. One other point of note is that on pages 185/6 of Module 8, Straight Batons, target areas and the potential for injury is shown along with a coloured trauma body chart. It states that the green areas have ‘minimal level of injury potential’ and indicates these are primary targets and lists the collarbone, shoulder blades, elbows, knees wrist or hands. This does not fully reflect some of the identified issues from strikes to certain parts of the body listed in in Module 3 (*see below*), especially with a baton. Specifically, a strike to some of the listed joints could easily cause a break, which I would consider more than a minimal injury.



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- k. There is more medical information provided in Module 3 Section 5. Page 62 specifically mentions the impact of a fractured collarbone and that it is a RED AREA. This appears to contradict the strike chart and previous trauma section above.
- l. With reference to the Use of Force SOP dated 26/8/2013 (*PS10933*). This is much more than a standard operating procedure. It contains information from the 2013 OST manual and other training documents I have reviewed, hence it is 84 pages long. It also contains elements that I would suggest are standalone items or sit outside the direct application of force by officers, such as PPE and training. A SOP would normally give policy and strategic overview and point staff to their training or where reference to any specific information or activity is needed. Below are some specific points from this document: -
- Section 6 page 14 mentions Use of Force Reporting. The definition does not include the use of handcuffs or restraint only strikes with a baton or incapacitant use. The 2015 OST review report mentions disparity and confusion around what should be included and when forms should be completed. The guidance in this document is misleading and would not cover many recognised uses of force that should be recorded (empty hand strikes, restraints, Take downs, handcuffs, Fastraps). It may be helpful to get a copy of the old Form 064-001 mentioned at 6.5 to see if this SOP matches the information requested on the form.
 - Section 7 page 14. I am unable to find reference to the eight guidelines in relation to dynamic risk assessment. This does not comply with the advice in the 2013 OST manual, the NDM or standard HSE guidance. Whilst it is good advice it does not assist staff to conduct a dynamic risk assessment.
 - Pages 31 - 66 this shows the differences between the divisions/Legacy forces by way of procedure and equipment. If these differences had been identified, why were they not addressed prior to the creation of PSOS and standardisation policies and procedures put in place.
 - Page 83 - 84 show information on target areas. They only mention two options, primary and secondary. If force was applied to some primary target areas more serious injuries could occur, such as broken bones. These would include elbows, collar bone knees etc. Also, showing the chest area as a secondary target area, one of the basic empty hand techniques is striking to this area to stop a subjects' forward momentum or push them away from you. The body diagram shows numbers but these are not explained or listed in the document. This differs from the information in the manuals (*also see para 9 & 10 above*).
- m. The Scottish Police Emergency Life Support (SPELS) notes 2014 (*PS12313*) has information on Positional Asphyxia at pages 14 and 15. This information is both inaccurate and misleading. By stating that this occurs when a person is face down or in the prone position this does not cover all the risk factors. It does not reflect the information held at the time in the NPCC officer safety manual (*see Module 4 Medical Implications (PS00073) page 9*). It also implies that this is only likely in someone who is intoxicated, are obese or has a 'beer belly' which again is incorrect.
- n. In 2015 all OST trainers had to undergo an initial trainer's course. It would appear that some of these trainers were brought over from their legacy forces where they had been delivering different programmes with different equipment. I have been unable to find evidence or a document that shows that these trainers were standardised or any form of programme was put in place to refresh or update them. Any new trainers would have been trained centrally so should have been subject to that programme.

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- o. From the formation of PSOS there was no agreed monitoring of OST training delivery at a local level. It appears that the central delivery team took care of new officers but did not have direct control of local delivery. Without this oversight trainers would be able to modify techniques or provide inaccurate or dated information during their sessions.
- p. As above between 2013 and 2015 there was no specific process in place to monitor the local delivery of OST. During the 2015 OST review this was highlighted during the visits and work carried out by those conducting the research. Without such a system in place there is no control over local delivery and anything could be taught to students.
- q. Best practice is to use an intelligence led process to look at the relevance, effectiveness and impact of any OST programme. A programme should reduce the risk and injuries to staff and the public by being medically, legally and operationally defensible. It should therefore reflect what is needed and actually working for officers on the street, whilst considering current medical advice and external considerations.

This can be done in a number of ways, including: -

- Use of force monitoring and reporting systems
- Officer injury reports and assault trends
- Health & Safety Near Miss forms
- Complaints
- Conducting focus groups with officers
- Staff questionnaires
- User forums
- Trainer feedback from local training sessions

In 2015 although these sources were available with no one specifically tasked to carry out this work or interrogate the various systems this information would not be collated or be of any strategic use.


Using outside sources can also benefit when looking at what and how OST is being taught. This should include: -

- Access to medical advice in the various specialties concerned. This is likely to include trauma, respiratory, orthopaedic and pathology
- Reference to legal advice where necessary in relation to court judgements, coroners' recommendations, inquiry findings and civil litigation etc
- Access to peer groups (other forces) National committees and outside training organisations offering alternative programmes

At the relevant time in 2015 there appears to have been no medical review of the OST programme. This is confirmed by Inspector Young's statement (*see SBPI-00153 paragraph 12*). No formal agreement was in place until 2017 when Dr Stevenson was engaged to review the PSOS OST programme. He states that the content had been passed by Dr Stevenson making the following comment 'This expert reviewed the manual, assessed it and was happy what we were saying was medically accurate'.

This work had been carried out across the rest of the UK in 2011 when the ACPO/NPCC manual was reviewed by the Independent Medical Sciences Advisory Panel (*IMSAP*), who were sponsored by the Home Office and chaired by Professor James Ryan (*see NPCC Manual Module 4 (PS00073) page 3*). They had made a number of suggestions and changes to the information being provided and recommended the move away from the terminology of Excited Delirium to Acute Behavioural Disturbance.



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Again, I can see no formal agreement, policy or SOP that shows how or if legal advice and information was filtered into the development process of OST.

I am aware that PSOS had a representative who attended the NPCC Practitioners Working Group of Personal Safety and Self Defence Arrest and Restraint committee (*formerly known as SDAR now the National Tactical Advisory Group NTAG*). As the secretary up to 2012 I can confirm a representative from ACPOS did sit on the committee, I have also spoken to my successor and they have confirmed that a representative attended most of the meetings from 2012 up to 2015 and beyond.

I have found no documentation of any information or advice being shared from these meetings into the PSOS OST programme or delivery. This is mentioned by Inspector Young's transcript of evidence (*day 70, page 93, line 23 to page 94, line 20*) in relation to 2015.

Inspector Bradley in his statement (*SBPI-00408*) at page 13 -15 details the arrangements currently in place around sharing with NTAG and other organisations.


- r. From the formation of PSOS it would appear that no specific 'champion' or one person within the senior management had direct responsibility for OST. There was a management committee who appear to have responsibility for training in general of which OST appears to have sat under. Although there was the central team at the training school, they do not appear to have had the mandate to monitor and control OST delivery at a local level. The lack of strategic leadership coupled with no person or group with overall control of OST would have greatly reduce the effectiveness and accountability of any OST programme.
- s. OST delivery and policy should also be subject to periodic review by way of a broad based project that can look at the holistic overview of this important area of police training. Although there is no set time period or reasoning for such reviews they are normally triggered by an event or senior management intervention.
- t. Scotland had two such reviews conducted, one in 2010 (*ACPOS National Officer Safety Training Review January 2010 – 'the 2010 ACPOS OST review'*), prior to the formation of PSOS and one in 2015 (*National OST Review and Evaluation April 2015*). This later report was published just prior to the relevant event so provides a good overview of the state of OST delivery at that time (*see PS12381 & PS11533*).
- u. Looking first at the 2010 ACPOS OST review, this shows that there was a strategic oversight process in place in which all forces took part. This is similar to that being run by ACPO at that time across the rest of the UK, with the Self Defence Arrest and restraint (SDAR) and Practitioners committees.
- v. Page 3 para 1.4 & 5 of this report shows the reason for the review as being disparities between the central training school programme and refresher training being delivered in the various forces. This appears to still have been the findings from the 2015 OST review some years later. It appears that the actual project was started in 2008 with two phases of work. It would appear that this workstream was not followed through when PSOS was founded.
- w. Page 6 mentions frequency of OST refresher training. Para 3.7 states that no documentation appears to be available. It also highlights work in England and Wales regarding this and links to Health & Safety legislation providing guidance on this. Annual refresher training is recommended both in Scotland and the rest of the UK. The

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standard across the UK has been 12 hours for many years. Some forces exceed this; however, some fell short, only delivering 8 hours. ACPO produced best practice guidance in 2009 which reinforced the annual requirement. At the time of this incident the 12 hour refresher was widely accepted across England and Wales.

- x. Page 10 para 3.20 recommends the incorporation of scenarios based training. This has long been an established and successful method of testing and cementing skills in OST. I have not found any actual evidence on this method being used as at the relevant time. The 2015 OST review mentions most refresher courses only containing techniques on a cooperative person. To increase realism but maintain safety a degree of resistance is required from a subject to trigger an officer's response to apply a technique. This is also tested when trainers conduct stress testing during realistic training scenarios. Both these methods were and are used across the UK during OST sessions.
- y. Para 3.22 on the same page raises the fact that no National standard for OST trainers existed. It recommends that a new programme be designed and linked to SQF qualifications. As per my comments in section 3 paragraph a above, without a standardised and recognised competency level for trainers, linked to a development and requalification process consistency and standardisation cannot be achieved.
- z. The executive summary at page 15 lists some very important and recognised points that should be present in any OST programme. These mirror my own comments in paragraph a above. Some of these points and recommendations are also present in the 2015 OST review report. This would indicate that they were not implemented between 2010 and the formation of PSOS in 2013. It would also indicate that despite the knowledge of the then senior management of the legacy forces this was not prioritised or identified by PSOS as a strategic goal.
- aa. The 2015 OST review report provides information on the delivery of OST prior to the formation of PSOS from the above report, as well as the identified need for a fresh review 18 months after the formation of PSOS in April 2013. According to the evidence of Inspector Young, it appears that OST did not have a coordinating workstream within PSOS until Nov 2014, unlike firearms and public order training. Even though legacy forces had many variations in OST equipment, programmes, techniques and methods of delivery, these processes were allowed to continue. It is surprising that such an important training programme such as OST was not a prioritised workstream during the formation of PSOS from the original 4 forces. I would have expected the setting up of a central unit to oversee the transition, amalgamation, monitoring and quality assurance of the OST content, delivery and trainer development. Especially with the knowledge and recommendations of the 2010 ACPOS OST review.
- bb. The report has sections on all the relevant PSOS divisions (*see pages 7-16*). The following statement in relation to the OST programme appears in all these reviews "follows the current PSC – Tulliallan programme for annual re-certification". However, there are numerous mentions of additional techniques being taught, additional equipment being used and legacy force variations apparent. An example of this mentions pain compliance techniques being taught by one division but not the others. It also mentions that these did not form part of the PSC programme (*see p11 E & J divisions*).



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cc. The following points are raised within these divisional reports which support my finding and highlight the problems with OST delivery at that time: -

- All assessments were left to the discretion of the local divisions. Some did not have a coordinator or OST lead in place. Without set assessment criteria the quality of physical skills and knowledge is impossible to predict and quantify. It is left to the trainer on the day and their subjective opinion as to competency.
- There was a lack of any OST coordinator/lead in some divisions. Without a central coordinating person or body consistency of delivery or content cannot be guaranteed. This is mirrored with the lack of central oversight at PSOS.
- There was no agreed teaching methodology being used across all the divisions. Explain, Demonstrate, Imitate and Practice (EDPI) and Problem/Solution/Teach appear to have been the main one used. These differences in approach can confuse learners and increase ambiguities in message and skills acquisition.
- No mention of trainer development or recertification. A major requirement for any OST programme delivery.
- Pages 18, 20 & 21 mentions the large benchmarking process and a number of English forces being contacted for comparison. The best practice established from this part of the review can be found on pages 20 & 21. This supports a number of the recommendations this report makes.
- Page 19 highlights the variation in content and delivery between divisions and that users found the training too complicated to learn in the time provided, irrelevant and boring. This is evidence of no oversight or review process or ongoing development for the programme or trainers. Without regular review and development OST sessions can become stale and not reflect the current trends and risk officers face.
- Page 20 mentions disparities and confusion in the Use of Force reporting process including what should be recorded and where/how to report incidents. A robust data gathering process is invaluable in monitoring and developing OST. Specific guidance should be issued as to what constitutes a use of force and how/where to record these facts. *(Also see my comments on page 6 para 11 above re Use of Force SOP PS10933).*
- Pages 21-23 provides a summary of findings showing this to be a well evidenced and balanced review and would appear to mirror most of the issues I have identified from my review of the various documents.
- Page 24 onwards contains the proposed recommendations from this report. I agree with most of the recommendations in this report. I would however like to add additional comment on a couple of them. 6 – any review should be subject to more stringent review. The author mentions having no data on assaults or complaints. These are important sources to assist in the tailoring of the OST programme. 9 – there should be a specific programme for refresher training. Whilst this should mirror the initial syllabus it must have the ability to develop and update officers as they progress in service. 20 & 21 – This is one of the most important points raised by the author. Good practice comes from the top, so such a central unit would lead by example and provide a point of focus for all OST matters. Having local SPOC's (specific point of contact), also enhances communication and dissemination of information.

dd. Taking all of this into consideration I must consider, was the programme in 2015 'fit for purpose'? The simple answer I would say is no. Based on what has been produced and some of the testimony provided to the inquiry by officers involved in the delivery

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and review of OST at the time, I would suggest the content was recognised, although somewhat outdated, lacked clarity and in some places was actually inaccurate.

- ee. However, with the lack of oversight and control of delivery it is impossible to confirm whether officers were receiving what was expected or considered at the time to be the latest advice, guidance or if it was indeed ‘fit for purpose’. The answer must therefore be that PSOS are unable to show that it was, based on the evidence reviewed.
- ff. Whether access to this updated information would have changed the officers’ approach to this situation is difficult to say. With the additional information on Acute Behavioural Disturbance (ABD) and a clearer picture of options to deal with such subjects and the possible impact of their actions. The officers could then have considered a softer approach using de-escalation techniques. By keeping their distance, the requirement for physical interaction or restraint is reduced until such time as it might be deemed necessary by the actions of the subject or an increased risk/danger to the public or officers. They could have waited for other units to arrive to assist in limiting Mr Bayoh’s movement (*contain rather than restrain*)?
- gg. I have been asked what the impact of this would have been on a hypothetical ‘reasonable officer’. In my opinion it wouldn’t have prevented the officer from carrying out their duties. It may, however, not have provided them with all the best tools or information available to do their job. The analogy I might use would be that of someone driving a really old car. Does it get them to work or the shops, yes. Would it pass an MOT possibly not.

4. Some specific points raised by the Inquiry Team

- a. Below is a list of specific points raised in my instructions which I have provided direct answers to. These responses are based on accepted best practice at the time (May 2015) and the training being provided elsewhere in the UK. As requested, I have also commented on the current position of training within PSOS from the materials reviewed. For ease of reference and at the request of the inquiry team each question has been answered with nine specific responses.
- b. The questions are as follows: -
- A. Who was in charge in relation to a response team attending a knife incident
 - B. Officers’ communications with ACR including the requirement for feedback when attending a grade 1 knife call
 - C. Carrying out a dynamic risk assessment
 - D. Identification of subjects who are intoxicated/experiencing mental health crisis/suffering from ABD or ED, and actions then to be taken
 - E. Tactical options for approaching an individual reported to be on a public road carrying a knife:
 - (i) Rendezvous point
 - (ii) Observe, wait, feedback
 - (iii) De-escalation
 - (iv) Verbal dominance (“hard stop”)
 - F. The principles of preclusion, justification, and necessity in relation to use of force


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- G. Training on Profiled Offender Behaviour and Reasonable Officer Response
 - H. Restraint in so far as it relates to the application of weight and/or pressure applied to the subject; the number of officers involved; the length of the restraint; the use of a safety officer to monitor the breathing of the subject; any risk to life caused by restraint
- c. The answers will be provided under the following headings and numbers: -
1. What training was delivered by Police Scotland in 2015?
 2. Was that training fit for purpose? If not, what was the likely impact of any defects, inaccuracies or inadequacies identified?
 3. What training was delivered by the College of Policing in 2015?
 4. How did the College of Policing training differ from that delivered by Police Scotland?
 5. If the hypothetical reasonable officer had received the training delivered by the College of Policing in 2015, how would their actions potentially have differed from those of officers who may have received the Police Scotland in 2015?
 6. What training is currently delivered by Police Scotland?
 7. Is that training fit for purpose? If not, how might the training be improved?
 8. If the hypothetical reasonable officer had received the training currently delivered by Police Scotland, how would their actions potentially have differed from those of officers who may have received the Police Scotland training in 2015?
 9. What training is currently delivered by the College of Policing?

A, Who was in charge in relation to a response team attending a knife incident?

1. There is nothing of note in the actual 2013 OST manual or 2015 training materials reviewed that relate to the hierarchy of command in such incidents. It may be that other training programmes not specifically connected to OST, such as training for ACR staff that might have held some information on this.
2. I have been unable to find any specific training input on this. Best practice and policies should dictate that the initial deployment would be the decision of the supervisor at ACR. Once assigned then the local supervisor (sergeant/inspector) should then take an overview of the incident and liaise with both the officers assigned and ACR as needed. As this is not evident in the documents reviewed it is likely to lead to confusion and different approaches being applied depending on staff involved. This could increase some risk factors for officers attending such incidents without a clear pathway and methodology to guide them.
3. From the documents provided and my personal knowledge most forces had an input on dealing with incidents. They also would have had an input on recognising and responding to a major or critical incident. An example of this can be seen in the 'CoP PIP L1 Responding to an Incident Guidance' 2014 (CoP-00003 – 01). This mentions initial grading (*page 6 para 2.1*), Initial action (*page 7 para 2.2*) and reflects my comments on best practice above at 2. Also, all forces had an input on dealing with critical/major incidents. This would have introduced the command structure and decision making process using the NDM as the model for such assessments.
4. I have been unable to identify any specific training within PSOS.




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5. Subject to my answer at 4 above, I believe that a reasonable officer would have recognised that this incident had potential to be a major incident and that specialist resources may be required. I believe that ACR would have confirmed the attendance of the local supervisor to confirm primacy and tactical command at the scene. Until that time the ACR inspector would have maintained control of the incident.
6. I have been unable to find any specific documents showing current training or input on this matter. There is a new section in the 2022 OST Manual additional training around response to knife related incidents (*see Module 18 – Edged Weapons - PS18553*).
7. I am unable to establish if the current training in this area is fit for purpose and follows other current national guidelines. A review set against the CoP document mentioned in answer 9 below would be advisable to confirm this.
8. Firstly, I believe the risks would have been highlighted immediately by the ACR staff. I believe more specific guidance would have been provided by ACR to the officers attending in relation to how they risk assessed the incident and options available. This would have included immediately updating ACR if subject was spotted. A hypothetical officer may give consideration as to observe and report rather than contact (*subject to the safety of the public*). The ACR Inspector may give consideration to the deployment of an ARV or whether to assign an ARV to the call. If an ARV was assigned, it would be kept running to the locus until cancelled by the officers on scene. A local supervisor would also have been assigned to take ground command of the incident from the ACR supervisor.
9. Please see Initial Response Operational and Tactical Command NPC (*Cop-00020*) which details the suggested curriculum, learning outcomes in relation to emergency procedures for the initial responder as well as the operational and tactical commanders. This would be introduced after initial officer training and lists the associated training packages available to support this programme (*see page 4 Pre/Co requisite learning*). Page 8 provides the learning outcomes (*1 & 2*) in relation to this question.

B, Officers' Communications with ACR including requirement for feedback when attending a grade 1 call?

1. There is nothing of note in the 2013 OST Manual to advise officers on this. There is the CUTT principles which deals with knife incidents and provides guidance on best practice. This includes the 'Transmit' requirements to inform others that a subject is in possession of a knife (*see OST Manual Module 1 Section 12 page 25*). Probationer training in the use of radios was in place. This is mentioned by Sergeant Andrew Park in his statement at paragraphs 51 – 55, along with a reference to the CUTT mnemonic (ref SBPI-00397). No other training appears to have been in place specifically on this subject.
2. With such a call, best practice would be to keep ACR and other officers attending updated on any safety related issues. This would include initial contact with the subject, location etc. It should be remembered that the radio system has an open mike emergency button facility that allows for officers to talk hands free for a short time if needed. As I have been unable to find any specific reference to this being a priority


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within the training it would appear it may have come down to experiential learning from others. That said this should have been part of training input and/or a SOP. As it is not, then I would suggest this was insufficient and left officers to decide when and what to communicate, leaving them vulnerable and increasing risk to them and their colleagues.

3. The CoP position statement (*SBPI-00471*) provides a response to point 6 on page 10 and point 7 on page 11. However, I am aware that within Airwave radio training, probationary training and OST there were various links to the importance of communication during incidents. Most ACR staff had drop down lists of questions and points to ask officers attending that would appear on grade 1 calls. Within OST and the NPCC Manual, similar guidance was given around best practice on knife incidents using the CUT mnemonic (*see NPCC Manual, Module 13 Edged Weapons, page 10 'Transmit' & CUT Summary, WIT-00115*).
4. From the documents reviewed and my personal knowledge of the training across the rest of the UK this appears similar in content to that of Scotland in 2015.
5. It is my opinion that a hypothetical officer would have provided an exact location for other officers attending. They may also have informed them and others listening in of their intention to engage the subject.
6. From the training related documents (*manuals and lesson plans*) reviewed I have been unable to find any additional inputs specifically in relation to this matter currently being delivered by PSOS.
7. As per my answer at 2 above it may be that other witnesses have provided personal knowledge of inputs in this area. Without evidence of additional inputs my view would remain the same.
8. As per my answer at 5 above. As I have not identified any additional training the impact is likely to be as previously described.
9. Please see Initial Response Operational and Tactical Command NPC (*Cop-00020*) which details the suggested curriculum, learning outcomes in relation to emergency procedures for the initial responder as well as the operational and tactical commanders. This would be introduced after initial officer training and lists the associated training packages available to support this programme (*see page 4 Pre/Co requisite learning*). Page 8 provides the learning outcomes (1 & 2) in relation to this question.

C, Carrying out a dynamic risk assessment

1. Training around dynamic risk assessment is held within the 2013 OST manual Module 1 Section 5. This is brief and should be linked to impact factors and more information under 'Person, Object, Place' (*see page 10*). I have previously criticised the definition of conflict shown on page 9 on page 5 of my report (above). I would also suggest that 'Confrontational Considerations' is not part of this process and should be shown elsewhere in the manual.
2. In my opinion it is lacking in clarity and operational examples to aid officers in its application. This may lead to hesitation by officers in stressful situations. The process


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should follow the natural cognitive process of decision making. I do not believe that how this is laid out in the manual provides this.

3. By comparison to the material provided in the 2013 OST Manual, the NPCC Manual has three very extensive pages (*Module 2 Conflict Management PS00071 pages 8-10*) of information on assessing risk. The information of Confrontational Considerations is shown in the module 5 page 9 on Personal Management within the NPCC Manual (*PS00161*).
4. From the introduction of the NDM in 2012 forces in England and Wales had spent time updating officers on the new model. At the end of Module 2 of the NPCC Manual you will find a practical example of applying the NDM in an operational context.
5. The hypothetical officer would have categorised this incident as high risk due to the information that had been provided. With the support of the ACR and their understanding of the risks involved it is my opinion that this officer may have initially chosen to locate and observe followed by a cautious approach to the suspect with support.
6. This is much better explained in the Operational Safety Training Manual dated 2022 ('current OST manual') (PS18535) and associated lesson plans. The NDM has now taken centre stage of this section rather than being added at the end of the old section in the 2013 OST manual.
7. Yes, I believe this is far more in keeping with current good practice and training in the NDM/dynamic risk assessment across the rest of the UK.
8. Please see my answer at 5 above for alternative officer response.
9. See my documents D, E & F attached for current position with CoP training around conflict management and application of the NDM.

D, Identification of subjects who are (i) intoxicated due to drink/drugs; (ii) experiencing mental health crisis; or (iii) experiencing ABD or ED; and actions to be taken upon identification of such

1. Within the training materials relevant in 2015 (*see 2013 OST Manual, Module 1, Section 4, Page 6 under 'Taking In'*). This area is given minimal input and some of the information is dated. The communication module mentions alcohol and drugs but only has one paragraph and little in the way of advice. There does not appear to be a section on communicating with someone in a mental health crisis or overcoming these barriers to communication (*see my comments below at answer 4 & 5*).
2. From my review, I would say it is not fit for purpose. Without evidence of substantial additional input, the training appears to provide officers with almost no coping strategies or advice on HOW to firstly identify someone under the influence or suffering from a mental health crisis/ABD/ ED and then how to attempt communication and control of such subjects. This would leave officers to utilise their personal skills when dealing with incidents involving these issues.
3. Please see my answers below at 4 & 5.

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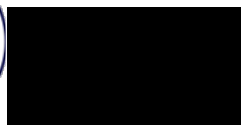
4. Compared to the information shown above and contained in the NPCC OST manual, the materials in place in Scotland at that time (*see Module 4 Medical Implications (PS00073) pages 4-6 & Module 6 Communication (CoP-00031) pages 12-16*). are lacking. This is especially around ABD/ED and barriers to communication with mental ill health, drugs and alcohol. The NPCC Manual and training at the time had specific sections on these subjects with tips and advice on how to communicate with someone suffering a mental health crisis. There was also a supportive video produced by the MPS (*Considerations for Safer Restraint. Pukka Films 2006 – *, to which I contributed, being used to support this training. This was freely available to forces who contacted the Met and requested a copy. This additional information greatly assisted officers in identifying and dealing with subjects in such incidents.


5. The initial information provided by a witness or caller may start to raise alarm bells regarding these areas with our hypothetical officer. However, the majority of the signs and symptoms are likely to be evident once this officer engages with a subject. Observation of the behaviour, communication and actions of the subject should provide the evidence to suggest any of these issues being relevant. Some of these are specific and some would be evident across most of the above and could include but not be restricted to: -
 - Glazed eyes
 - Wide or pinpoint pupils
 - Smell of alcohol
 - Bizarre and/or aggressive behaviour
 - Impaired thinking
 - Disorientation, confusion
 - Agitation
 - Hallucinations
 - Acute onset of paranoia
 - Panic
 - Shouting
 - Slurred speech
 - Incoherent or rambling
 - Unsteady on their feet
 - Violence towards others
 - Unexpected physical strength
 - Apparent ineffectiveness of irritant sprays
 - Significantly diminished sense of pain
 - Sweating, fever, heat intolerance
 - Hot to the touch
 - Sudden tranquillity after frenzied activity or vice versa

In relation to actions to be taken, again some are common to all three conditions and some specific.

General responses include: -

- Speak slow and clear
- Be non threatening
- Use open body language
- Turn down radios, consider removing hats
- Give space where possible



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- Only one voice, just one officer talking to the subject
- Avoid subjects coming into contact with hazards, such as traffic
- Reduce distractions

For Mental Health and ABD the following would also be considered: -

- Consider containment rather than engagement where practicable
- Treat as a medical emergency, call an ambulance/take to hospital
- Limit the length of any restraint, where possible


(see *Module 4 Medical Implications (PS00073) pages 4-6 & Module 6 Communication (CoP-00031) pages 12-16*).

6. Module 3 of the 2017 OST Manual (*PS12761*) has a greatly improved section on communication. Section 9 on page 8 deals with alcohol and drugs. It does not however, appear to mention Mental ill health. The Communication PowerPoint (*PS18556*) is an extensive input on this matter. Page 22 to 34 covers communication with subjects with alcohol/drug/Mental health crisis and other issues that can impact their ability to communicate. The Mental Health PowerPoint (*PS18559 pages 20-23*) also provides some very good information and strategies for dealing with these situations.
7. I would consider the training currently provided by PSOS in communication and specifically dealing with people as good. There may need to be a link between this and those suffering ABD. Some of the causes and triggers for ABD sit within the drug/alcohol and mental health remit so strong connections need to be emphasised to officers so they can understand the possible implications of their actions.
8. It is my opinion that officer with today's knowledge and understanding in these areas may have chosen an approach that allowed them to attempt communication with the subject. If they had they would have quickly identified that the subject was most likely suffering from one of the above conditions and that they may have to adapt their approach accordingly.
9. CoP currently delivery an extensive range of inputs around mental health, communication, conflict management and de-escalation (see *my appendices C – K*). The NPCC OST Manual has extensive information on ABD (see *Module 4 Medical Implications (PS00073), pages 4-6*) and the Communication section (*CoP-00031 Module 6, Pages 12-16*).

E, Tactical Options for approaching an individual reported to be on a public road carrying a knife, including:

i. Rendezvous Point (RVP)

1. RVP's are normally associated with major or critical incidents but can be used as a tactical option to assist officers in dealing with such situations. I have been unable to find any reference to RVP's in the training materials for normal front line officers within the OST programme or any of the relevant documentation reviewed.
2. I would have expected RVP's to form part of the discussion around tactical options, most likely under observe and wait for support when an officer might have assessed the risk as being too high to engage or go direct to a scene without support. As I am unable to find any reference to this, I would say the training was lacking in this area. Officers may find the option of using an RVP useful when additional units or specially

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trained officers have been called to assist. The decision to set up an RVP can be made by the first officers on scene, by a supervisor or the ACR.

3. Within standard training or initial input for officers RVP's would only be discussed as part of the input within Critical/major incidents, especially in relation to calling in other emergency services or support. There was no specific mention of RVP's within the NPCC OST manual. As above, it is likely to have been discussed during the input on tactical Options but this is based purely on my past experience and knowledge and not form any CoP documentation provided.
4. From what I have reviewed there was little difference in relation to input on RVP's.
5. Not applicable as there was no specific input on RVP's from either PSOS or CoP, outside of additional training for specialist officers.
6. I have been unable to identify any specific input on RVP's within the documents reviewed.
7. Not applicable as there appears to be no specific input on RVP's from PSOS outside of additional training for specialist officers.
8. In this case the subject had not initially been traced so the area had to be searched to locate him. This was especially important as the information had been that he had apparently approached members of the public. Officers would have been aware of the increased risk to the public. Therefore, until such time as the subject was located and an initial assessment had been made the use of an RVP is unlikely to have been considered or been required. Therefore, I do not believe any training on this matter would have changed the decision of an officer in relation to first setting up an RVP.
9. I have been unable to find any specific input on RVP's within the OST or initial officer training.

ii. Observe, Wait, Feedback


1. The 2013 OST Manual does not appear to have any specific guidance on this as a tactical option.
2. Standing back or observing should always be a considered option, especially in situations where the risks are high or intervention might inflame the situation. As such I am surprised not to see this shown as an option for officers under the right circumstances. The lack of this option could require officer to engage in all situations regardless of the risks.
3. Stand back and observe was part of the tactical options discussed during CoP OST training. This is listed in Module 2 NPCC OST Manual, Conflict Management (PS00071) page 12 under tactical Options 'Observation' or even 'Withdraw'.
4. As above it appears that CoP OST had these tactical options included as part of the actions that could be considered. This is not evident from the materials reviewed from PSOS.

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5. This was an option that could have been considered based on the initial information available. Therefore, our hypothetical officer might have waited for a second unit to arrive to assist in the stop. That said, once located I would expect this officers to immediate update as to where and what the subject is doing prior to engaging with them.
6. This is now included as a tactical option in Module 2 of the 2022 PSOS OST Manual.
7. Yes, it is fit for purpose.
8. As per my answer at 5 above the inclusion of this as a tactical option may have led the officers to consider locating the subject, observing him from a distance, reporting this back and waiting for more units to arrive.
9. Bearing in mind recent development in counter terrorism advice CoP have provided more guidance on the potential use of this as a tactical option during incidents. This also forms part of the active shooter input for in relation to the 'Run, Hide, Tell' advice. None of this takes away an officer's duty to protect the public and to act where required.


iii. De-escalation

1. Module 1 Section 4 Communication in the 2013 OST Manual (*PS10938*) has just three pages, which provides basic information but little in the way of practical advice. It mentions empathy on page 7 under 'Active Listening'. There is no advice as to how to do this. It does not appear to have been a priority in the syllabus which focused on the physical skills of the programme.
2. In this aspect I would say not (*please see my comments 6 -9 below*). The lack of impetus on the important tactical option of de-escalation linked to a good grounding in communication skills, would mean that officers are lacking one of their most valuable tools. Whilst this is something that can be learnt over time with experience of dealing with subjects a solid grounding in the subject is paramount. Officers who do not fully understand or are unable to utilise theses skills are much more likely to revert to the use of force to achieve their goals.
3. The NPCC OST Manual, Module 6, Communication **(CoP-00031)** pages 7 – 10 introduces the Intervention, Calm, Rapport, Control model (I.C.R.C). This is the standard approach to de-escalation mentioned in the training. The general communication input during OST sessions across the UK at that time was between 45 – 60 minutes for most forces. There is also input on the physical and psychological effects of stress on an officer attempting de-escalation in conflict and highly charged situations (*NPCC OST Manual, Module 5, PS00161 pages 10 – 17*).
4. In my opinion the importance of the subject matter was well accepted and time given within the syllabus to fully examine the subject matter. I am aware that at the relevant time some forces, but not all, were using scenarios to get officers to deescalate situations without the use of physical force. Some were using video examples and other teaching techniques to get the ICRC model across.
5. It is my opinion that a hypothetical officer dealing with such an incident would have at least considered their approach to the subject and how best to attempt to control and

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engage with them. They would also have considered any risk to the public. I believe an approach from a distance might have been chosen and an early attempt made to communicate with them to gauge their responses and demeanour.

6. The communication section in the 2017 OST manual (*Module 3, Section 10, Page 10*) has been greatly improved. It is still only one page but contains practical tips for de-escalation. The PowerPoint on Operational Safety Training and First Aid (*PS18568*) from slide/page 14-21 has input on this which covers a number of strategies and tactics for de-escalation.
 7. In essence this skill should be the cornerstone of the training from which all the other tactical options emanate. Looking at the time allocated to this subject during the current PSOS OST training I would suggest that more time needs to be allocated to this for officers to fully understand the subject. A move to scenario based training, where de-escalation is the core competency should also be considered (*see comment under summary re current CoP PPST programme across rest of the UK*).
 8. Training today is far better than that provided 9 years ago. It now provides officers with a number of strategies and options to try and de-escalate situations. These are focused around identifying and understanding what might escalate situations and using communication skills appropriately. It is therefore my opinion that officers would consider the reasons why a person might be acting in such a manner, recognise them and attempt to engage the subject using these skills, whilst always considering the risks to the subject, the public and themselves.
 9. The sections in the NPCC OST Manual are still valid today. There are also the CoP Conflict Management Guidelines and related documents (*see item D -F attached*). These are all contained within the new PPST Program currently being delivered across all forces in England and Wales.
- iv. Verbal dominance (also known as a ‘Hard Stop’¹) and identifying the most appropriate option to adopt in any given circumstances. It is recognised this term has associations with armed policing. However, this term has been used in evidence before the Inquiry to describe a tactical approach of using dominance and strong verbal commands by unarmed response officers. The term will be used in that latter context only.**
1. I have been unable to find any actual input or information on specific tactical option in the documents reviewed. However, during physical elements of the training the drawing of a piece of equipment and the threat of using it on a subject such a baton or spray, before any actual physical force is used, would be taught with ‘strong’ verbal commands.
 2. As the training did not specifically mention this tactical option within OST then I would have to say no. However, across the UK this was a well used tactical option which under the right circumstances can be very effective. Where the level of risk or threat is considered high then officers may decide to deploy tactics designed to verbally overpower and control a subject. This might include shouting or making threats with equipment drawn. This is designed to mentally overwhelm the subject and cause them

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to hesitate, basically 'scare' them into submission and hopefully comply with the directions being given. This is used as an alternative to actual physical force and should be seen as a less intrusive option than say, strikes or the use of an irritant spray.

3. The training across the rest of the UK in relation to this was only discussed during Taser, Public Order and firearms training, which not all officers received. It did not form part of the initial OST input. The only mention of this type of tactical option is on page 44 & 45 of Module 6 Communication (CoP-00031) in the NPCC OST Manual under 'crisis communication' or as above during the physical input lessons for equipment use.
4. As above there was not specific training in this tactic within OST or as part of initial training for new officers.
5. Not applicable, see above.
6. I still don't see any specific mention of it in the current manual being used within PSOS or any of the lesson plans related to OST.
7. As per my answer at 2 above.
8. Not applicable, see above.
9. From the documents reviewed there still does not appear to be any specific training in relation to this subject.


F, The principles of preclusion, justification, and necessity in relation to use of force.

1. The legal standpoint of 'preclusion' is unique to Scotland as the main point when justifying any use of force. In England and Wales, the approach is one of 'reasonable in the circumstances' with focus on the 'necessity' of its use. So, the question is: -
 - Did the officer need to use force? Can they justify by using the impact factors and other supporting information whether it was necessary?
 - Was that force reasonable in the circumstances as the officer believed them to be? Was what they did in line with what they were trying to stop?
 - From this we then look to see if a less intrusive option was available, possible and did they consider using it.

This is mentioned in the 2013 OST Manual, Module 1, Section 3, page 5, where there are just a few small paragraphs on this. The very last sentence mentions the NDM and that it should be considered at all times. The accompanying lesson plans appear to give the trainer some minimal guidance on delivery and contextualisation in addition to this but do not hold any manual references (see PS11465 OST Theory Lesson 1).

2. In my opinion no it was not. Firstly, the NDM was not covered until page 18 of this module (see my answer 2 at G below). The NDM provides a platform to assist officers in accounting for their actions. They are also provided with a list of impact factors and reasonable officer response options set against an escalating scale of profile subject behaviour (see below at G). Module 1 of the 2013 OST Manual did not provide any practical examples or stated cases to assist officers in rationalising this information. It used outdated models and terminology which had been removed in the NPCC OST Manual and discontinued elsewhere in the UK. These included, the 'Assault Cycle',



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The 'Paradigms of Conflict', the 'Confrontational Continuum' (*page 16*) and 'Conflict Resolution Model' (*page 17*). I do not believe that officers would be able to fully grasp the concept of this important subject and as such may struggle to apply this knowledge in an operational context. I think they would struggle to later attempt to justify any action taken based on this minimal information.


3. Training across the UK followed that when force is used, an officer must be able to account for not only their actions but anything they could have done but decided not to. This includes the type and amount of force used together with any rational or reasoning as to why something was discounted or not considered. An officer must be able to answer the following question in to justify their actions: -

- Why did you do what you did?
- Did you consider doing X, Y or Z?
- If so, why did you decide not to do X, Y or Z?
- If you didn't consider X, Y or Z, why not?


Both in statute law and under human rights officers should only use such force as is necessary in the circumstances as they believed them to be to stop or prevent the attack. The terminology sometimes used is 'least intrusive' or the phrase "you shouldn't use a sledgehammer to crack a nut" is applied.

4. In comparison to the 2013 OST Manual, the NPCC OST Manual module 3 Use of Force (*PS00072*) is 30 pages with the legislation, case law and practical tips and explanations. From page 19 it contains a whole section on justification including a practical example of officers' notes in relation to an incident. Again, this was reflected into the training sessions with a 45 - 60 minute session across most forces.
5. The training may not have changed a reasonable officer's actions at this incident. I do believe that the accounts provided by officers after the event and subsequent evidence would have been much more complete, accurate and helpful to those investigating this incident.
6. Current PSOS training is covered in 2022 OST Manual (*see Officers Safety training intro & contents version 3 – PS18535*). This now includes a more substantial Module 1 (*PS18536*) which is now specific to Use of Force as well as a new module 17 (*PS18552*) looking at Tactical report writing in more detail and specifically around justification.
7. Yes, I believe the current training is fit for purpose in this area.
8. Please see my answer to 5 above.
9. The training mentioned above at 3 and 4 continues to be developed and supported by CoP documents and Approved Professional Practice (*see items M & O attached*).

G, Training on Profiled Offender Behaviour and the Reasonable Officer Response. This should include (but is not necessarily exclusive to) the circumstances in which the following are a reasonable officer response: (1) the drawing of CS spray or PAVA spray and (2) the use of CS spray and use of PAVA spray, if different. The use of baton(s). Restraint. The use of handcuffs. The use of leg restraints

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1. The 2013 OST manual Module 1 Sections 8 & 9 cover this aspect of the training. This is only two pages (*please see my comments at 2 below*)
2. Whilst the information in this section is not in itself incorrect, it appears that the NDM has just been added to the old content at the end of the section (*see page 18*) and no effort has been made to integrate it or fully understand that it was designed to replace other models still referred to in this section (Conflict Resolution Model, Confrontational Continuum).
The flow of the information in the 2013 OST manual does not follow a logical pattern. Module 1 Section 3 starts with use of Force and does not get to the NDM until page 18. Considering the normal approach, we should first look at the NDM and then expand as we move around the process. This is not how it is set out and introduces use of force followed by tactical communication (a tactical option) before looking at threat assessment. It then looks at warning signs before describing the various level of subject behaviour. Again, this does not flow as it provides the evidence before identifying the problem. Also, the use of the force continuum model does not support the decision making process as suggested by the NDM. Therefore, it is my opinion that this section does not fully support the training of officers in this area.
3. From 2012 the NPCC OST manual had taken away the use of levels for Profiled Subject Behaviour. The terminology 'Assaultive Behaviour' (*level 5*) was not used. The term 'Aggressive Resistance' was used although the explanation was the same (*see Module 2, PS00071, page 8*). Reasonable Officer Response Options had also been removed and now were shown as 'Tactical Options' which fits in with the phase of the NDM 'Develop a Working Strategy' and Identifying options and contingencies (*see page 12*) and is far less restrictive in its application. Again, the levels/number have been removed. This was to prevent it being looked at as an escalating scale and a move away from a continuum or ladder of escalation. This was linked to the accountability input previously mentioned above (*see answer 4 to question F*).
4. Please see answer 3 above.
5. I do not think that specifically in relation to this element of training a hypothetical officers' actions would have changed faced with a similar incident. However, I do believe that their ability to explain and account for that decision and its proportionality and necessity in that situation would have been better.
6. The current OST manual fully incorporates the NDM and uses it as the fundamental process to apply to assessing situations. There are still some materials used elsewhere from the NPCC manual that would assist officers in fully understanding and applying these principles. These include the aid memoir and accountability graphics of the Conflict Management section (*Module 2, pages 14 - 16; PS-00071*).
7. Yes, this is now fit for purpose.
8. Please see my answer at 5 above.
9. The training mentioned above at 3 and 4 continues to be developed and supported by CoP documents and Approved Professional Practice (*see items D - G attached*).

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H, Restraint in so far as it relates to the application of weight and/or pressure applied to the subject during restraint; number of officers involved; length of restraint; the use of a safety officer/officer to monitor breathing of the subject; any risk to life caused by restraint.

1. The 2013 OST Manual cover these topics in relation to positional asphyxia (see *module 1 Section 11 page 23*). It highlights the increased risk of placing pressure onto a prone subject. As previously mentioned, the information was outdated and did not fully reflect that being provided across the rest of the UK (see *NPCC OST Manual Module 4 Medical Implications (PS00073) pages 7-9*), especially the guidance on page 9.

I could find no specific mention of the role of safety officer within the PSOS 2013 OST manual or the lesson plans applicable at the time of the incident.

The length of time a restraint can take to successfully be achieved can vary massively dependant on a number of factors including: -

- the level of resistance being offered
- number of officers involved
- size and weight comparison between subject and officers
- competency level of officers
- fitness and fatigue of officers

Officers are taught that any prone restraint should be kept to a 'minimum' and no more than is absolutely necessary to achieve full restraint of a subject. Therefore, no specific time limit is placed upon. This was the same both within the PSOS OST materials and NPCC training.

I was unable to establish if during training the option to disengage was discussed (*please see answer 3 below*).

2. No, it was not. It did not mention such factors as the subject's requirement for oxygen, or explanation of the breathing mechanism and how handcuffing or securing the arms and shoulders could also increase the risk of asphyxiation. Whilst it raised awareness it is my opinion that insufficient time or importance was given to this subject considering the work that was being carried out in other forces to highlight these risks. It would not make officers fully aware of the risk factors and actions that could be taken to minimise those risks.

In relation to number of officers I could find no specific reference to a minimum or maximum required. This is reflected across the UK where it is recognised that the use of four, five or more officers can decrease the risk to the subject, if techniques are correctly utilised to immobilise a subject. If we think of this approach then each arm, the head and possibly two officers for the legs might be used.

3. Please see above reference to the NPCC OST manual at 1 above in relation to advice around positional asphyxia on page 9. Whilst disengagement is not mentioned in this section withdrawing is an option discussed within Module 2 of the NPCC manual, page 12, under tactical options.

The mention of a safety officer has been part of OST training in relation to prone restraint, ABD and positional asphyxia since around 2009. It is not seen as a rank specific or dedicated role but as a position that any officer not directly involved in the control or restraint of a subject might undertake. Someone who is in a position to have an overview of the process and interject if they see something the officers involved might not spot or be aware of. In the absence of a separate person, it is recognised that the person controlling the head of the subject is probably in the best position to monitor and communicate with the subject.

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This formed part of the training within the rest of the UK linked to identifying someone possibly suffering from ABD. It was provided as a tactical option if the risks to the subject and officers became such that this would become the safest option (*see NPCC OST Manual, Module 4 Medical Implications (PS00073), page 6 & 9 of the medical implications section under 'Once a subject is controlled what should be done then' and Actions to reduce the risk of death to a restrained subject exhibiting acute behavioural disorder*).

There is also reference to this role within Module 7 Unarmed Skills (PS00081) under restraints (*pages █████, 241, 259 and █████*).

4. Please see above and item C attached (*CoP guidance on ABD 2015*) and NPC document on welfare positional asphyxia (*ref CoP-00013*).
5. Having taken the decision to restrain the subject, officers would still have to control and secure the subject however, I believe with the increased knowledge around this subject provided elsewhere at that time, the hypothetical officers' awareness of monitoring and the increased risk factors (*exertion, length of control and restraint period, likelihood of drink/drugs*) would most likely have been at the forefront of their minds.
6. The latest version of the PSOS OST manual (2022) and training materials now cover this option although its emphasis or time taken to fully discuss this during the training is unclear.
The gaps raised at point 2 above, have been filled and the materials and lesson plans now being used are in line with the best practice used elsewhere in the UK. Information on this and the link between cell relocation tactics can be used on the street or in 'multi officer' situations has now been incorporated into the OST programme across Scotland.
7. Yes, I believe it is now fit for purpose.
8. Please see my response at 5 above.
9. This understanding and training on this has continued to be developed across the UK and PSOS have had access to this information (*see SBPI-00275 ABD Guidance on management in police custody Oct 2022*).

5. Summary of Conclusions

- a. Two reviews were carried out on behalf of ACPOS in 2010 and then PSOS in 2015. They both identify similar problems and issues with OST and its delivery. It appears that little or no work had been introduced between the first and second report. If anything, the situation may have worsened as the management appears to have been lost as there is no evidence of strategic oversight or National leadership in relation to OST from the 2015 report. This will have had a significant impact on both the content, quality and emphasis placed on this important area of police training.
- b. The 2015 OST Review Report into OST highlights a number of problems. These could have been addressed earlier if a workstream had been put in place by PSOS to coordinate the amalgamation of the Scottish forces. It is clear many of the issues were already known about from the review that was carried out in 2010 but nothing appears

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to have been implemented between then, the formation of PSOS and the date of the incident. A massive opportunity was therefore missed to create a robust system of OST delivery and oversight by the new service.

- c. During my review one question has become evident. I will attempt to explain this by firstly looking at the material time, May 2015, then my comparison with the more up to date programme and oversight: -
- It doesn't really matter what documents were applicable at the time or have been produced for the inquiry. Due to the fragmented and unmonitored way that OST was delivered across the force area at that time, we have no way of knowing whether the officers concerned received what was expected or required. The SOP's in place to support this training were also lacking in detail, in some instances contradictory and offered minimal strategic guidance to staff
 - From the 2015 report it is clear that there were large discrepancies in content and how OST was being delivered across the force area. With no identified process for monitoring training delivery at the local level no method of standardisation appears to have been in place to check that trainers were delivering what was expected.
- d. I have highlighted a number of points in the training materials, supporting documentation and policies relevant at the time. In general, the information being provided was somewhat dated and not in line with that being provided across the rest of the country. The proposed core content of the training was rigid and had been set some time previously. It was also aligned with the student officer programme and does not appear to have had any form of update or development.
- e. Overall, it is my opinion that in 2015, the lack of oversight of local OST delivery is likely to have allowed variations in techniques and the supporting information being provided to officers. As such, strategic control had been lost leaving officers exposed to being taught incorrect skills or misleading information. The information that was available was in places dated or did not mirror current practices across the rest of the UK.
- f. Since 2015 I can see marked improvements in the content and manner in which OST is being delivered across the service. This has included a recertification programme for OST trainers. The strategic oversight has improved and updated SOPs now include what I would expect to see. I still however have some concerns over the following areas: -
- Monitoring of local training delivery at source
 - Adaptation of the programme and utilising sources of information to guide this process (*assault figures, use of force reports, complaints etc*)
- g. There also seems to have been a reluctance, until recently, to utilise the support or materials produced by the College of Policing on behalf of the National Police Chiefs Council. The resources available through joining this group would greatly assist PSOS in formulating their training and policies around OST.
- h. Recent advances in OST by the College of Policing have produced a new programme (PPST) and method of teaching which is scenario based. This has been rolled out across the rest of the UK over the past 18 months. PSOS are one of only 3 forces that have not signed up to this process or sent any of their OST trainers to be trained in the

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programme. I believe that PSOS would again benefit from adopting this new national training programme.

- i. I would suggest that the person with strategic control and oversight of OST across the service on behalf of PSOS needs to be given support, resources and the mandate to address these areas on behalf of PSOS. If no such person is in post, then I strongly suggest that one is appointed from the senior management team within PSOS. The Chief Inspector within Operational Training and his team including Inspector Bradley would be ideally suited to implementing this on behalf of the strategic lead.




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6. Literature, References and Exhibits

- A - Letter of instruction dated 29^h September 2023
- B - Document list

Copies of additional documents relied upon including links to various sources of information that the inquiry may find useful and relevant.

- [REDACTED]
- D - COP Learning the lessons on Conflict Management 1st August 2020
- E - COP Guidelines on Conflict Management 2nd September 2020
- F - COP Guidelines on Conflict Management, using De-escalation, Communication and Negotiation 2020
- G - COP Police Use of Force: Tactics, Assaults and Safety September 2020
- H - COP/NPCC Officer and Staff Safety Review 2020 (*important staff survey used to inform decisions around development of PST*)
- I - COP National Police Safety Survey Headline findings November 2020 (*results from above survey*)
- J - COP Public and Personal Safety Training APP consultation 2023 (*work and consultation to update of 2009 best practice guide*)
- K - COP Product Licence Schedule Public and Personal Safety Training (PPST) Refresher Programme July 2023 (*new licenced product being rolled out across England, Wales and Northern Ireland*)
- L - COP Post incident procedures following death or serious injury. First published 6th July 2020, updated 5th October 2023 (*shows standard practice for similar incidents which is now in place*)
- M - COP guidance on NDM and link to Joint Decision Model (JDM)
- N - NPCC & COP Pledge to improve officer and staff safety September 2020
- O - NPCC Manual review and update process and section 2012
- P - ACPO PST Manual 2007 'Conflict Management Model'

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7. Expert Declaration

I understand that my overriding duty is to the court and I have complied with that duty and will continue to comply with it. I am aware of the requirements of the Criminal Procedure Rules 33.3(1) (i) and (j) and Part 35 and Practice Direction 35 and the CJC Protocol for the Instruction of Experts to give Evidence in Civil.

I reserve the right to reconsider any aspect of this report should: -

- any misunderstanding arising due to my use of terminology, grammar or phraseological
- or any factual inconsistency be identified that could lead to my comments being misinterpreted
- or should further information or evidence come to light in the future that could change these opinions

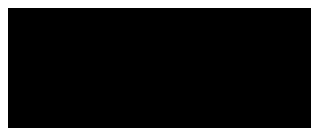
I therefore reserve the right to make alterations to this report or produce a supplementary report in light of any of the points above becoming apparent.

8. Statement of Truth

I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer.

This report consisting of 29 pages each signed by me is true to the best of my knowledge and belief and I make it, knowing that if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false, or do not believe to be true.

Signature:



Date: 19th August 2024